

Action Plan

Center for Health Statistics

Texas Department of Health

Published July 2003

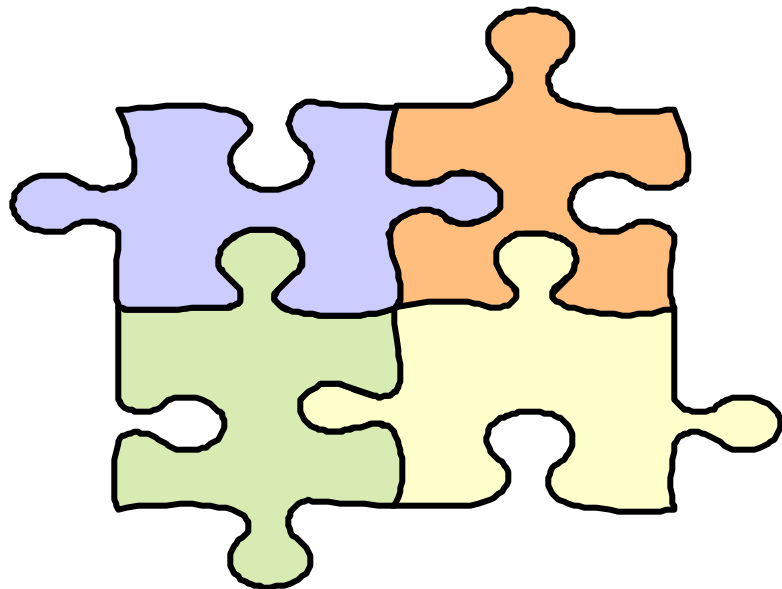


Table of Contents

Acknowledgements	2
A: Introduction	3
B: Vision and Mission	5
C: Action Plan	7
Appendices	10

Acknowledgements

This Action Plan was developed through the collaborative efforts of staff from the Center for Health Statistics (CHS), other Texas Department of Health (TDH) programs, and external stakeholders. CHS staff solicited then reviewed and incorporated stakeholder feedback in developing this final Plan.

CHS extends its thanks to the more than 55 stakeholders who provided feedback. Stakeholders included:

- TDH leadership and programs,
- National stakeholders,
- State agencies,
- Universities,
- Hospitals and health centers,
- Health plans and associations,
- Regional and local public health entities,
- Community-based organizations, and
- Individuals.

A. Introduction

The CHS Action Plan is designed to be a decision-making tool to guide the state's health information priorities in an atmosphere of scarce resources. The Action Plan contains broad guidelines that CHS will use to develop specific plans to address identified needs and measure outcomes that will allow CHS to gauge progress toward overall goals.

The key benefits of developing the Action Plan include:

1. Clear picture of current strengths and weaknesses,
2. Short and longer term objectives,
3. Measures of progress toward those objectives,
4. Timeframes for assessing and adjusting objectives, and
5. Active feedback loop for stakeholders.

The CHS planning process has been informed by the U.S. Centers for Disease Control and Prevention (CDC) *Shaping a Health Statistics Vision for the 21st Century: Final Report*, November 2002.¹ The definitions included in this plan are taken largely from this report.

For the purposes of this Action Plan, *stakeholders* of CHS are any person or organization who use or request health information and statistics. Examples include:

- State and local public agencies such as local health departments or other state health-related agencies,
- Legislators and other state officials,
- National, state, and local organizations such as the Texas Hospital Association, Texas Medical Association, and consumers groups,
- Foundations and their grantees,
- Private companies such as health insurance companies,
- Community-based organizations, and
- Federal agencies such as CDC.

Health statistics are health data and information that characterize the health of a population and the factors that influence its health. Health statistics are based on surveys, patient encounters with the health care system, registries, and health administrative data. Health statistics (or health data) allow us to:

- Document the health status of the population and of important subgroups,
- Monitor trends in health status and health care delivery,
- Identify health problems,
- Identify disparities in health status and use of health care by race, ethnicity, socio-economic status, region, and other population gradients,
- Evaluate the impact of health policies and programs,

- Describe our experiences with the health care system,
- Support biomedical and health services research, and
- Provide information for making changes in public policies and programs.

Many factors influence the health of a population. To be useful, health statistics must provide a comprehensive and coherent picture of all health factors. Ideally, health statistics should encourage and reinforce a broad and integrated approach to maximizing health and reducing illness.

As illustrated in Figure 1, the collection and utilization of health statistics revolves around a cycle of actions integrated by a hub such as CHS.

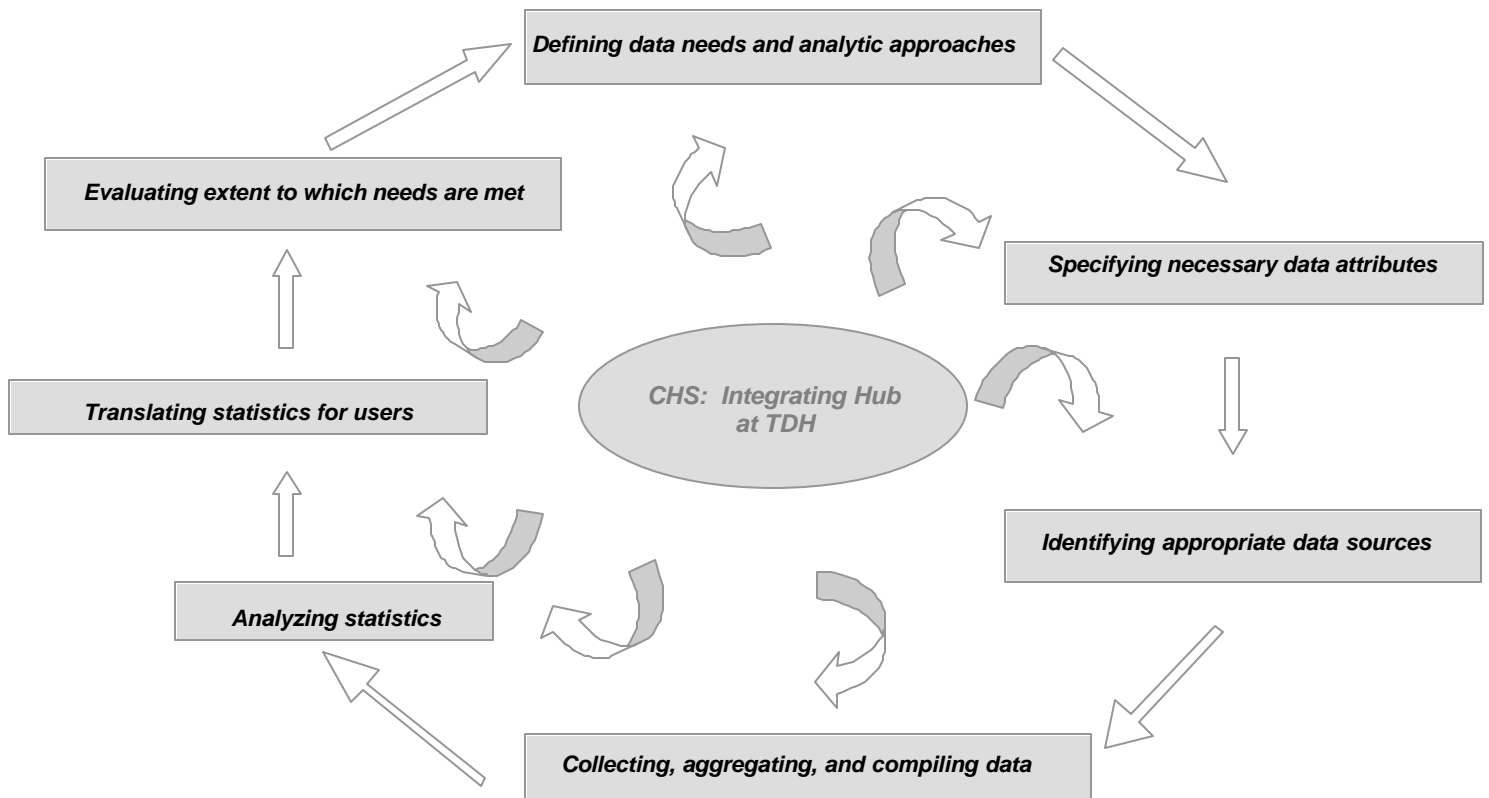


Figure 1

B. Vision and Mission

Vision: Information for a Healthier Texas.

Mission: The Center for Health Statistics is the Texas Department of Health's focal point for the analysis and dissemination of information to improve public health in Texas.

The Center accomplishes this mission by:

- Evaluating existing data systems,
 - Defining data needs and analytic approaches,
 - Adopting standards for data collection and dissemination,
 - Coordinating, integrating, and providing access to data,
 - Providing guidance and education,
 - Providing data analyses and interpretation, and
 - Initiating participation of stakeholders,
- while ensuring the privacy of the citizens of Texas.

The vision, mission and philosophy of CHS are in alignment with TDH's vision of Texas as healthy people and healthy communities. CHS provides information to enable a healthier Texas. The TDH mission includes the partnering of the agency with communities to protect, promote and improve health. The CHS mission is to be the focal point for analysis and dissemination of information to improve public health in Texas. TDH accomplishes its mission through the surveillance of disease, health problems and threats to the public health while critically evaluating and refining public health activities and workforce competence. CHS is a vital force for health improvement in Texas.

In creating the Action Plan, CHS has also considered discussions of the Texas State Strategic Health Partnership Data Workgroup. In 2002, TDH convened the Partnership (<http://www.tdh.state.tx.us/dpa/sshp.htm>) led by a 17-member Steering Committee and chaired by the Commissioner of Health. In October 2002, a group of more than 100 public health stakeholders joined with the Steering Committee to develop 12 public health goals for Texas to reach by 2010. One of these goals relates to public health data:

By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.

Workgroups were created by the Partnership to address each goal. Workgroups are scheduled to make a report with some recommendations to the Steering Committee at a September 2003 symposium. The CHS Director is one of two co-chairs of this data workgroup and a CHS Division Director represents TDH on the data workgroup.

Preliminary recommendations of the data workgroup for all organizations and individuals who work with health-related data are:

In order to provide timely information and appropriate user education, the data workgroup recommends the following:

- Identify and evaluate resources statewide,
- Integrate and coordinate data sets,
- Use Geographic Information System technology to the appropriate level,
- Collaborate with internal and external partners,
- Use non-traditional data resources, and
- Develop and implement standards for data collection, analysis, and dissemination.

The CHS Action Plan incorporates the preliminary recommendations of the workgroup. In addition, CHS pledges to continue to be active in the data workgroup and to adjust the CHS Action Plan as may be appropriate when the recommendations of the workgroup and then the Steering Committee are finalized.

C. Action Plan

Timeline key: Beginning 9/1/03

(1) Activity is ongoing or will *begin* within 12 months.

(2) Activity will *begin* between 12 and 24 months.

Goal 1: Optimize data management techniques

Objective 1- CHS will enhance research activities to include innovative methods for identification, collection, and analysis of public health data.

Activity 1: Educate stakeholders about all available data sources and analysis methods. (1)

Activity 2: Participate in research projects that provide insight into currently identified public health issues. (1)

Activity 3: Participate in research projects that help identify emerging public health issues. (1)

Activity 4: Publish research and data analysis results at appropriate conferences, through written reports, and/or on the CHS website. (1)

Objective 2- CHS will ensure data quality, integrity, and confidentiality.

Activity 1: Develop and implement measures for timeliness, completeness and accuracy of data received by CHS. (1)

Activity 2: Develop and implement measures for timeliness, completeness, and accuracy of data disseminated by CHS. (1)

Activity 3: Ensure adherence to state and federal data and privacy guidelines. (1)

Activity 4: Develop and provide guidance on methods that ensure privacy while maximizing access to data. (1)

Objective 3- CHS will maintain and enhance the scope of CHS data sets.

Activity 1: Play an active role in the development of an agency-wide data warehouse to create access to a variety of health-related data from the agency and its collaborators. (1)

Activity 2: Incorporate currently accepted standards when developing strategies for organizing, maintaining, and securing data. (1)

Activity 3: Address historical data availability and the feasibility of integrating legacy data sets with current systems. (2)

Objective 4- CHS will work with other agency programs to reduce duplication in data collection, analyses, and/or dissemination.

Activity 1: Identify and publish frequently used data sets to promote and facilitate data sharing among agency programs. (1)

Activity 2: Coordinate and consolidate agency data collection, analyses, and/or dissemination activities where appropriate. (1)

Objective 5- CHS will promote and lead the adoption of data coding and definitional standards that facilitate data systems integration and coordination within the agency.

Activity 1: Standardize data coding across agency datasets. (1)

Objective 6- CHS will develop and implement effective data dissemination techniques, making full use of available Internet technology.

Activity 1: Develop and maintain the CHS website to improve access to, and effective use of, health-related data. (1)

Goal 2: Promote collaborative efforts with stakeholders

Objective 1- CHS will identify and respond to stakeholder needs.

Activity 1: Establish advisory groups of stakeholders. (1)

Activity 2: Develop and implement a system for obtaining stakeholder input and incorporating it into planning CHS strategies. (1)

Activity 3: Develop and implement training program(s) for use and interpretation of data. (2)

Objective 2- CHS will identify opportunities to collaborate with agency programs and external stakeholders.

Activity 1: Collaborate with key agency programs to address stakeholder issues and develop solutions. (1)

Activity 2: Collaborate with key agency programs to incorporate the staff's specialized knowledge into CHS data products. (1)

Activity 3: Work with other programs on RFPs to assure appropriate and accurate data are used. (1)

Activity 4: Participate in meetings, events, conferences, etc. that offer an opportunity to learn about other programs. (1)

Objective 3- CHS will identify significant public health data gaps and develop approaches that address them.

Activity 1: Develop and implement periodic data needs assessments to identify redundancies and gaps in current data systems. (2)

Goal 3: Enhance CHS infrastructure needed to provide useful health data in Texas

Objective 1- CHS will maintain internal communication and coordination activities.

Activity 1: Hold regular meetings of Team leadership. (1)

Activity 2: Conduct periodic CHS meetings with team presentations. (1)

Activity 3: Initiate CHS tracking system(s) for major projects, data requests, stakeholder feedback, etc. as a way(s) to improve CHS activities (1)

Objective 2- CHS will develop and implement CHS planning system.

Activity 1: Develop and implement detailed team-planning process including product delivery and task completion dates. (1)

Activity 2: Periodically review and update as necessary the mission/vision and Action Plan. (2)

Objective 3- CHS will develop and implement comprehensive staff-training plan for CHS

Activity 1: Develop and implement cross training/mentoring and job specific development activities to improve staff skills. (2)

Activity 2: Develop and periodically review the staff-training plan. (2)

Objective 4- CHS will develop and implement a plan to seek funding for CHS activities

Activity 1: Research and identify possible sources of funding. (1)

Activity 2: Develop grant-writing skills within CHS. (2)

APPENDICES

Appendix 1. The development of TDH's Center for Health Statistics

Health statistics are a cornerstone of our health system. They provide us with critical data to assess the health of our population and to make informed decisions about how to best direct our health-related resources and activities.²

Effective use of data is the root of every essential public health issue. Health data at TDH and throughout the state are often difficult to access and use. Facilitating and centralizing access to, dissemination of, and analysis of health-related data is a critical step in accomplishing the planning, surveillance, and research necessary to improve public health in Texas.

In the September 2000 TDH Blueprint and the August 2001 Business Practices Evaluation, TDH was found lacking in a coordinated approach to data collection and dissemination. The August 2001 Business Practices Evaluation stated:³

In its September 2000 Blueprint, TDH stated its intention to create a state center for health statistics. We believe this to be one of the most important initiatives TDH could undertake. As declared in the Blueprint, the new center would coordinate the department's data and share data with other agencies to ensure that overall direction is consistent among state programs and that all state information resources are available for decision making.

As TDH's data-gathering and analysis functions have gradually enlarged over several decades, the effort has been increasingly splintered among diverse programs. In part because they are located in a variety of organizations within TDH, these programs do not work together as often as they should. The result has been a lack of coordination among the data gathering and analysis programs.

The Center would provide a single place for external stakeholders to inquire about many state health datasets. It should also allow the agency, through analysis of key health data and indicators, to spot trends and potential problems and work with local health officials on coordinated provision of information to the public and on rapid response to identified issues.

Also in the August 2001 TDH Blueprint, was the Report of the Data Management Workgroup. The workgroup report stated, in part:⁴

Managing information at TDH is a challenging task. In a survey conducted in May of 2000, TDH programs identified 176 separate databases.

TDH should improve the availability and accessibility of community-based information for use by TDH programs and by TDH stakeholders through the development of integrated databases to report on standard health indicators, and the development of a web-based query system to access data, while maintaining confidentiality safeguards to protect the privacy of individuals.

It is critical TDH rethink its strategies and operations in regards to the development of data products and services and to respond to the stakeholder demands for increased access, effectiveness, and efficiency to data.

In the November 2002 Special Purpose Review by the Sunset Advisory Commission, TDH was still found lacking in data coordination:⁵

Although the Department of Health has improved some data collection and reporting processes, the agency continues to have difficulty providing accurate and timely information.

In 2002, TDH senior management considered options for creating a Center for Health Statistics based on the reports mentioned above and the practices of other states.

In December 2002, CHS was created with an initial transfer of the Bureau of Vital Statistics' Statistical Services Division, Research and Analysis Section (6 employees) and Spatial Analysis of Health Outcomes (2 employees) from the Associateship for Disease Prevention and Control to the core of what was formerly the Office of Health Information and Analysis (health demographics, Behavioral Risk Factor Surveillance System, community assessment, hospital survey, Health Professions Resource Center, and Texas Primary Care Office). Note that the Texas Primary Care Office was transferred to the Associateship for Family Health effective July 1, 2003.

Also in December 2002, a group of CHS leaders and data management leaders from throughout TDH and from several key external stakeholder organizations met to identify short-term and long-term objectives for CHS. The CHS planning process builds on that December 2002 planning session.

In February 2003, a Director was appointed to lead CHS. Effective March 26, 2003, CHS staff were arranged into an organizational chart to better reflect the functions of CHS (see Figure 2).

CENTER FOR HEALTH STATISTICS ORGANIZATIONAL CHART

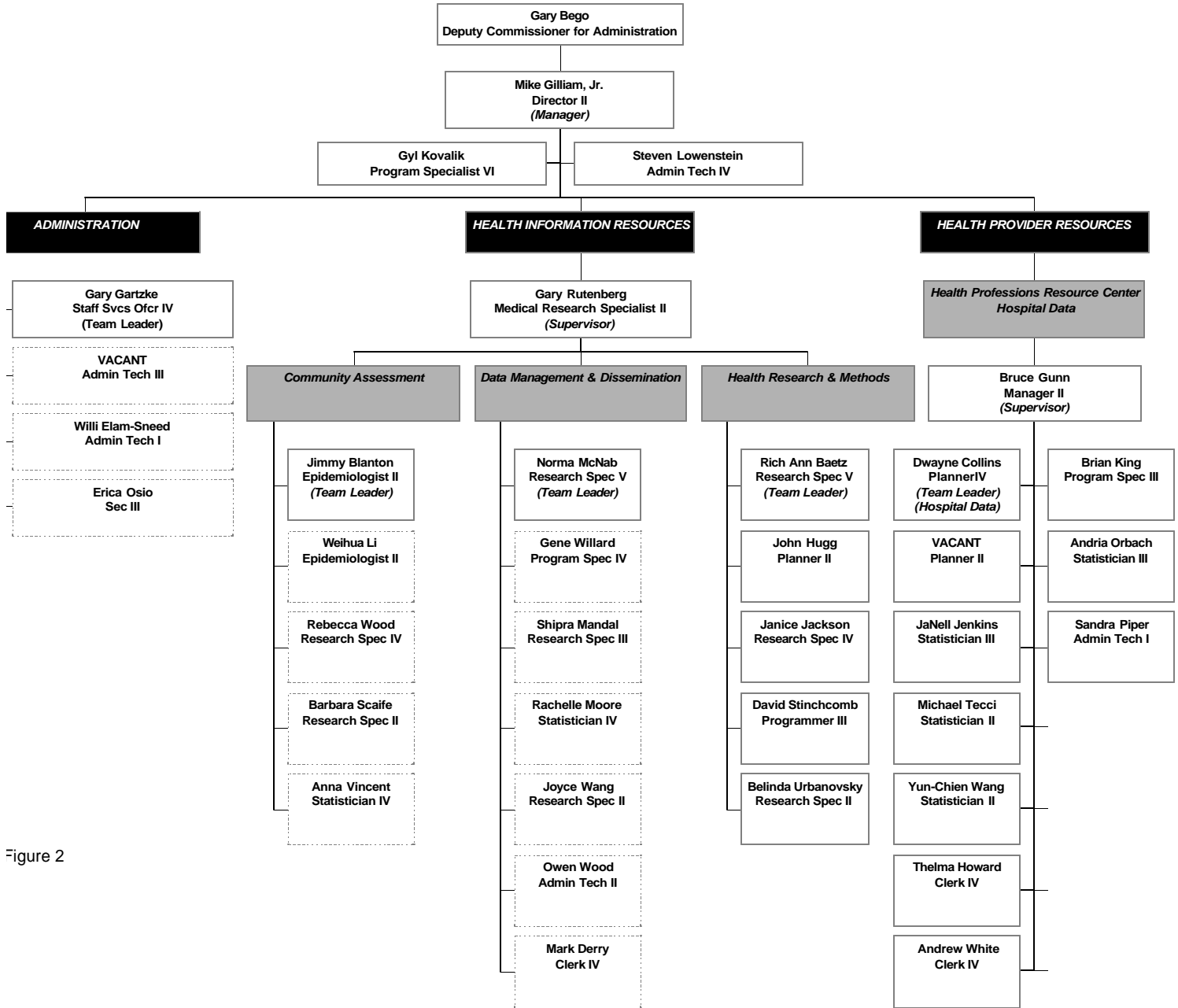


Figure 2

Action planning for CHS began in April 2003 when staff responded to some basic planning questions developed by CHS leadership. There was 100% participation from CHS staff. Answers from the April all-staff questionnaire were synthesized and incorporated into a more detailed document for CHS Team Leaders to respond to with their staff. This May 1, 2003 document asked CHS teams to prioritize items staff had noted on the April questionnaire.

On May 15, 2003, CHS Team Leaders spent a day together identifying overall possible priorities for CHS. In late May and early June a Stakeholder Input Document with the identified priorities was circulated to TDH leadership and program managers as well as numerous stakeholders in the public, private, and nonprofit sectors.

On July 3, CHS Managers and Team Leaders comprehensively reviewed stakeholder input and developed goals, objectives and activities for the final draft of the Action Plan.

The CHS Action Plan is designed to be a decision-making tool to guide the state's health information priorities in an atmosphere of scarce resources. The Action Plan contains broad guidelines that CHS will use to develop specific plans to address identified needs and measure outcomes that will help CHS gauge progress toward overall goals. The Action Plan will go into effect September 1, 2003.

Figure 3 below illustrates the CHS planning process.

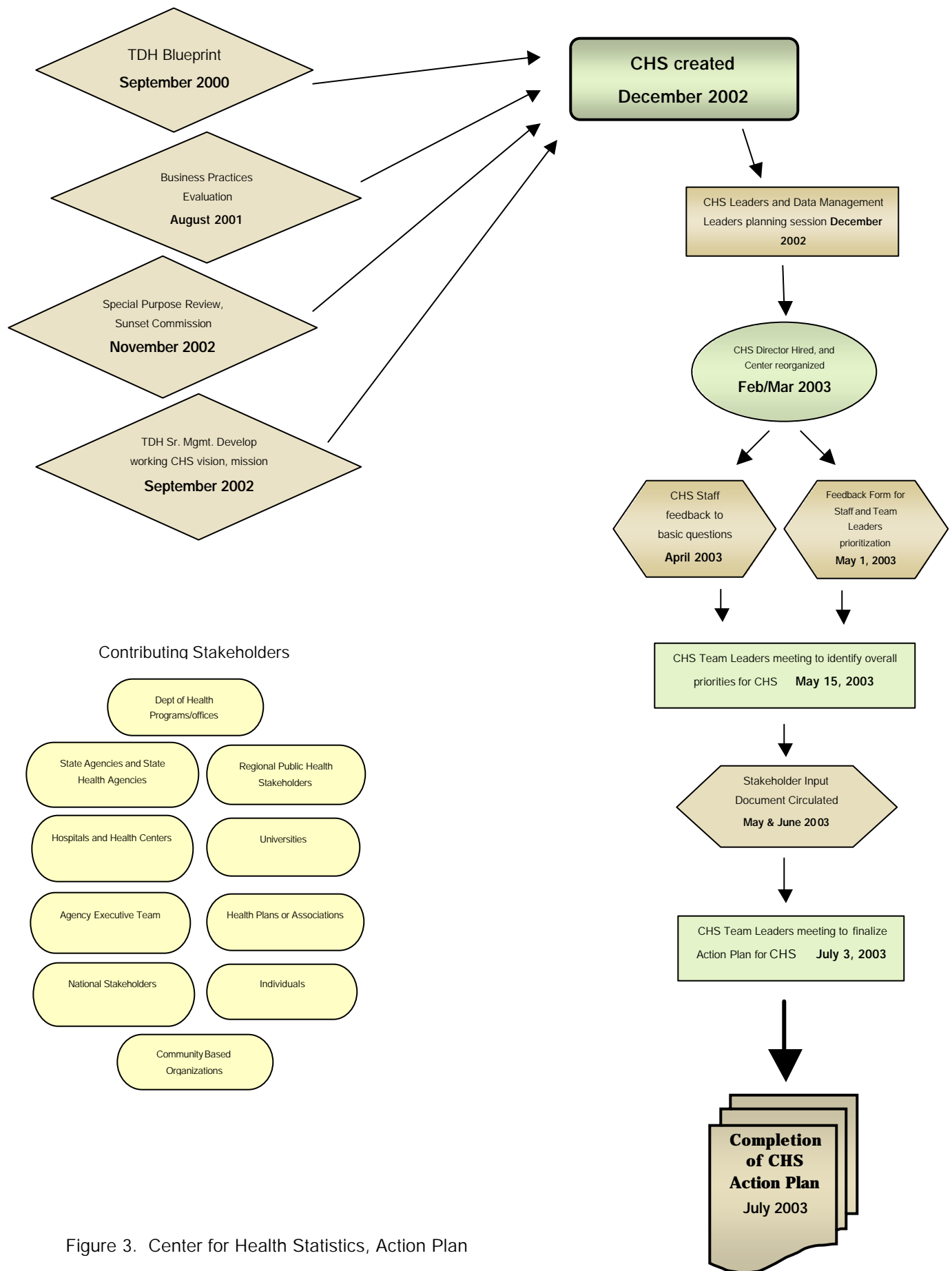


Figure 3. Center for Health Statistics, Action Plan development process, 2003

Appendix 2. Summary of Stakeholder Feedback

As a part of the planning process that produced the Center for Health Statistics Action Plan, a variety of stakeholders were asked for feedback on potential priorities CHS staff had identified.

CHS received approximately 58 responses to the stakeholder input document that was sent out at the end of May and beginning of June 2003. The feedback included examples in support of the priorities in the input documents. Stakeholders sometimes asked questions that pointed out needed clarifications. Some respondents suggested re-wording priorities or examples, while others offered detailed thoughts on combining the priorities into broader goals. All the feedback was read and considered and was instrumental in helping CHS draft the Action Plan.

Among the contributing stakeholders were:

- Texas Department of Health (TDH) leadership and programs,
- National stakeholders,
- State agencies,
- Universities,
- Hospitals and health centers,
- Health plans or associations,
- Regional and local public health entities,
- Community-based organizations, and
- Individuals.

Stakeholders placed the highest priority on access to data products and services, and on the assurance of data quality, integrity and privacy. Stakeholders suggested that data presentation occur in a user-friendly format and include technical assistance. Commenters also asked for a more comprehensive website. In addition, the stakeholders felt the quality of data was important, with many indicating that CHS should prioritize promotion of data standards and identification of data gaps.

An additional section of the input document asked stakeholders to suggest criteria under which other health data functions should move to CHS. The section was included to address CHS concerns about duplicative data collection and analysis and to assure that CHS would be the integrating hub for health data at TDH. However, many commenters raised concerns that CHS would absorb functions from other programs inappropriately.

¹ Shaping a health statistics vision for the 21st century: final report, November 2002. Dept. of Health and Human Services Data Council; Centers for Disease Control and Prevention, National Center for Health Statistics; National Committee on Vital and Health Statistics, 2002. Available at: <http://www.ncvhs.hhs.gov/hsvision/21st%20final%20report.pdf>. Accessed May 27, 2003.

² Shaping a health statistics vision for the 21st century: final report, November 2002. Dept. of Health and Human Services Data Council; Centers for Disease Control and Prevention, National Center for Health Statistics; National Committee on Vital and Health Statistics, 2002. Available at: <http://www.ncvhs.hhs.gov/hsvision/21st%20final%20report.pdf>. Accessed May 27, 2003.

³ Bomer, E. Business Practices Evaluation. Austin, TX: Texas Department of Health. August 31, 2001.

⁴ Texas Department of Health. Comprehensive Strategic and Operational Plan Fiscal Years 2001-2002. Available at: <http://www.tdh.state.tx.us/stateplan01/BPIndex.htm>. Accessed May 27, 2003.

⁵ Sunset Advisory Commission. Texas Department of Health. Special Purpose Review. November 2002. Available at: <http://www.sunset.state.tx.us/78threports/tdh/tdh.pdf>. Accessed May 27, 2003.